

Kentucky Department for Medicaid Services

Drug Management Review Advisory Board Meeting Recommendations June 20, 2003

The following chart provides a summary of the recommendations which were made by the Drug Management Review Advisory Board at the April 16, 2003 meeting and the final decisions after review of the recommendations. Attached are the complete recommendations as presented to DMRAB.

	Description of Recommendation	DMRAB Vote	Final Decision by Medicaid and the Secretary
#1	Recommended approval of all ProDUR drug-drug interactions except 1233, 1234, 1240, therapeutic duplications, and therapeutic cross over-laps.	Passed 10 to 0	Recommendation accepted.
#2	Recommend approval of the RetroDUR new criteria changes.	Passed 10 to 0	Recommendation accepted.
#3	Recommended that HID determine physician prescribing pattern changes that occur based on monthly RetroDUR letters.	Passed 10 to 0	Recommendation accepted.
#4	Recommended sending a letter to the Pharmacy and Therapeutics Advisory Committee recommending that Xopenex be placed on prior authorization.	Passed 10 to 0	Recommendation accepted.